Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America

   This public document

2. has been signed by **Milton Adair Tingling**

3. acting in the capacity of **County Clerk**

4. bears the seal/stamp of the **county of New York**

Certified

5. at New York City, New York

6. the 16th day of July 2025

7. by Deputy Secretary of State for Business and Licensing Services, State of New York

8. No. NYC-2639837

9. Seal/Stamp

10. Signature

STATE OF NEW YORK
DEPARTMENT OF STATE

Whitney A Clark

Whitney A. Clark

Deputy Secretary of State for Business and Licensing Services

Form 1

State of New York
County of New York } ss:

No. 1081413

I, Milton Adair Tingling, Clerk of the County of New York, and Clerk of the Supreme Court in and for said county, the same being a court of record having a seal, **DO HEREBY CERTIFY THAT**

GRETCHEN VAN WYE

whose name is subscribed to the annexed original instrument has been commissioned and qualified as a ~~NOTARY PUBLIC~~ CITY REGISTRAR and has filed his/her original signature in this office and that he/she was at the time of taking such proof or acknowledgment or oath duly authorized by the laws of the State of New York to take the same: that he/she is well acquainted with the handwriting of such public officer or has compared the signature on the certificate of proof or acknowledgment or oath with the original signature filed in his/her office by such public officer and he/she believes that the signature on the original instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal this
03rd day of July, 2025

Milton Adair Tingling
County Clerk, New York County

COUNTY CLERK NEW YORK COUNTY

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7-102

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

EXEMPLIFICATION OF BIRTH OR DEATH RECORD

I, Gretchen Van Wye, the City Registrar of the Department of Health and Mental Hygiene of the City of New York, a department of the Municipal Corporation known as the City of New York, hereby certify that the foregoing transcript is a true copy of the original record currently on file with the Department of Health and Mental Hygiene of the City of New York, and that I am authorized to certify the said record in accordance with Section 17-102 (Sub 2) of the Administrative Code of the City of New York.

The foregoing transcript is a true copy of said original record, identified as

☑ Birth ☐ Death

Certificate Number 156-87-208293 Year 1987

Borough of Bronx

In witness whereof I have hereunto set my hand and caused the seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York to be affixed this 14th *day of* May *in the year* 2025

CITY OF NEW YORK COUNTY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CITY OF NEW YORK

Gretchen Van Wye

Signature

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

VITAL RECORDS

DEPARTMENT OF HEALTH — CERTIFICATE OF BIRTH

BOROUGH OF MANHATTAN

Birth No. 156-87-208293

DATE FILED 17 JUN 15 P2:40

1. FULL NAME OF CHILD	(Type or Print) First Name	Middle Name	Last Name
	Andrew	Isreal	Evans

2. SEX	3a. NUMBER OF CHILDREN born of this pregnancy	3b. If more than one, number of this child in order of birth	4a. DATE OF CHILD'S BIRTH (Month)	(Day)	(Year)	4b. HOUR	
Male			June	5	1987	11 45	AM ☐ PM

5. PLACE OF BIRTH	NEW YORK CITY	a. BOROUGH OF	b. NAME OF HOSPITAL, if not in hospital, street address	c. TYPE OF PLACE
		Bronx	Albert Einstein Hospital	☒ Hospital ☐ Clinic ☐ Other

6a. MOTHER'S FULL MAIDEN NAME	6b. MOTHER'S AGE AT time of this birth	6c. MOTHER'S BIRTHPLACE State or foreign country
Venus Kurek Evans	14	New York

7. MOTHER'S USUAL RESIDENCE a. State	b. County	c. City, town or location	d. Street and house number	e. Inside city limits of 7c?
New York	Bronx	New York	65 West 192nd Street	yes ☒ no ☐

8a. FATHER'S FULL NAME	8b. FATHER'S AGE AT time of this birth	8c. FATHER'S BIRTHPLACE State or foreign country

9a. NAME OF ATTENDANT AT DELIVERY

Dr. Filippo Vita

9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN

Signed Filippo Vita

Name of Signer Dr. Filippo Vita (Type or print)

Address Two East 77 Street, N.Y., N.Y. 10021

Date Signed June 5, 19 87

10. Information added or amended

(Reason)

Date — City Registrar

BUREAU OF VITAL RECORDS — DEPARTMENT OF HEALTH — THE CITY OF NEW YORK

Mail copy to the mailing address of mother. →

Copy of this certificate will be mailed to her when it is filed with the Department of Health.

Name Ms. Venus Kurek Evans

Address 65 West 192nd Street - 3C

City Bronx State New York Zip Code 10468

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, or to any facts not fully appearing on the face of the record.

Do not accept this document unless it bears the security features noted on the back. Authenticity or absence of such features is governed by §3.19(c) of the New York City Health Code. If you suspect a fake document or violation of the Health Code or any other law, call 311.

May 14, 2013

Barbara Vanderpool
Barbara Van Wyck, PhD, City Registrar

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The City of New York